

ANDERSON LAW, P.C.

16 N. West Street
Waukegan, Illinois 60085
T: 847-336-7373
E: karissaandersonlaw@gmail.com

MEDIATION INTAKE FORM

Identification Information

Full Legal Name: _____

Address: _____

Email: _____

Preferred Phone: _____

Date of birth: _____

Current Employer Name/Address: _____

Occupation: _____

Gross Annual Income: _____ How often are you paid: _____

Attorney name (if applicable): _____

Other Party Name: _____

Address: _____

Email: _____

Preferred Phone: _____

Date of birth: _____

Current Employer Name/Address: _____

Occupation: _____

Gross Annual Income: _____ How often are you paid: _____

Attorney name (if applicable): _____

Additional Information

Please complete the following if applicable:

Date of Marriage: _____

Date of Separation: _____

Date of Dissolution: _____

ANDERSON LAW, P.C.

16 N. West Street
Waukegan, Illinois 60085
T: 847-336-7373
E: karissaandersonlaw@gmail.com

Children (if applicable):

Child Name: Date of Birth: State of Birth: Residing with:

Are there any temporary Orders regarding support or parenting time? Are there any agreements outside of an Order regarding support or parenting time? If so, please provide information on the amount of support and schedule.

What items do you want to discuss during mediation?
